



**Building Division - Community Development Department**  
**150 N. Third St., Burbank CA 91502**  
**Office 818 238-5220 - FAX 818 238-5242**

Application form available at <http://www.burbankca.gov/index.aspx?page=569>

## **CONTRACTORS BUSINESS TAX APPLICATION** Activity BS12\_\_\_\_\_

*Work is Not Authorized Until Fees Have Been Paid and Building Permits Have Been Issued*

|                     |  |  |
|---------------------|--|--|
| <b>Job Address:</b> | Construction Valuation<br>\$           | Date:  |
|                     | <b>OFFICE USE</b><br><b>AMT DUE \$</b> | <input type="checkbox"/> Ch #<br><input type="checkbox"/> Cash<br><input type="checkbox"/> Credit Card |

Contractor's Business Name as it appears on Contractors State License Board:

Street Address:

Zip:

State:

Email Address:

Phone:

Cell:

FAX:

State Contractors License #

Expiration Date:

Classification/s:

Workers Comp Insurance:

Expiration Date:

List of Officers on State Board:

1.

2.

3.

4.

5.

A current notarized letter (letter dated for 2012) is required for each authorized representative not listed with the State of California. The notarized letter must be signed by an officer of the company. The officer must be listed on the Personnel List maintained by the Contractors State License Board for the State License. Signatures of officers not listed on the CSLB Personnel List for a specific license will not be accepted.

**Business Tax is calculated at \$0.80 per \$1,000 of valuation with a minimum of \$10.00 and a maximum of \$460.00.**

I DECLARE THAT THE FOLLOWING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF:

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND THAT INFORMATION STATED HEREON IS TRUE. I AGREE TO COMPLY WITH ALL ORDINANCES AND STATE LAWS REGULATING BUILDING CONSTRUCTION.

I UNDERSTAND AND AGREE THAT SHOULD I FAIL TO COMPLY WITH THE ABOVE ALL PERMITS SHALL BE DEEMED REVOKED.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Signature of Officer on State Contractors Board**